2016 Zika

In March of 2016, Dr. Fauci again misled the public—this time into believing that the Zika virus was causing an epidemic of microcephaly among newborn babies in Brazil. One thing we know for sure: Zika doesn't cause microcephaly. Dr. Fauci had to have learned this. Zika was endemic to Central America and much of South Asia for many generations with no reported association with microcephaly. Dr. Fauci's critics claimed that an experimental DPT vaccine administered to pregnant women in 2015–2016 in the slums of northeast Brazil was the likely culprit for the wave of microcephaly. Extensive use of highly toxic pesticides in that corner of the nation may have also contributed. They accused Dr. Fauci of pointing the finger at Zika to distract attention from the more likely culprits, and to extract billions of dollars from Congress to develop yet another chimeric vaccine. The servile media, fattening on pharma advertising, delighting in the frightening epidemic that yielded children with tiny heads and great big ratings for the networks, obligingly heaped fuel onto Dr. Fauci's Zika terror crusade. Fear drives viewership. As CNN Technical Director Charlie Chester explained to industry analysts during the COVID-19 crisis, "COVID? Gangbusters with ratings, right? Which is why we have the death toll on the side." Dr. Fauci announced that he was pulling funds from malaria, influenza, and tuberculosis research programs in order to fund "a series of four or five vaccines" to rescue America from Zika. By fanning the flames of pandemic

panic, Dr. Fauci, buttressed by his partner Bill Gates, requested an additional nearly $2 billion congressional appropriation to NIAID to develop a Zika vaccine. That money swelled his agency's Zika budget to about $2 billion and enriched his Pharmaceutical partners. Dr. Fauci funneled $125 million to a new Cambridge, Massachusetts, startup then called Moderna Therapeutics, to develop an mRNA vaccine for Zika. Gates appeared on CNBC to tout Moderna and promote its efforts to deliver a Zika jab. He put $18 million into a project with the Wellcome Trust to fund a US-owned company, Oxitec, headquartered near Oxford University in the UK,98 to release millions of genetically modified mosquitoes in Brazil and the communities to exterminate the mosquito species blamed for spreading Zika. This was a follow-up to an even slightly more sinister 2008 Gates-funded study by Professor Hiroyuki Matsuoka at Jichi Medical University in Japan to engineer mosquitoes that can act as "flying syringes" to inject malaria vaccine into people—both the willing and the unwilling. In 2021, Gates would expand on this macabre project by investing $25 million in an effort to genetically modify mosquitoes to stealthily deliver coronavirus vaccine to the vaccine-hesitant. I'm not joking. The feverish predictions of a microcephaly scourge in Brazil soon fizzled. World Health Organization spokesman Christopher Dye told NPR that while "we apparently saw a lot of cases of Zika virus in 2016, there was no microcephaly." Peaking at a high of about 5,200 cases in 2016, the United States has recorded a total of about 550 Zika cases since then, with

roughly 80 percent of those occurring in 2017, with no reported microcephaly. The disease never spread beyond Florida and Texas, and no cases of Zika-associated microcephaly ever materialized. Undaunted, Dr. Fauci warned that the disease “will come again” to the United States and that the country “absolutely [has] to be prepared” for it. In 2019, health officials reported only 15 cases of Zika in the United States, all of them microcephaly-free. The Mayo Clinic, meanwhile, reported in December that, despite Dr. Fauci’s $2 billion expenditure, there is no functional vaccine for the disease. By 2020, Dr. Fauci could no longer credibly blame the microcephaly epidemic on Zika, and he stopped talking about his vaccine. In June 2020, Dr. Fauci, under questioning before Congress, sheepishly explained, “It was never brought to full fruition because Zika disappeared.”

2016 Dengue

The Gates/Fauci Zika scam squandered billions of taxpayer money. But the Gates/Fauci dengue vaccine collaboration had a far graver outcome: this time, their “lifesaving vaccine” was a deathtrap in a syringe. Over a span of two decades, NIAID worked with the Gates Foundation to develop a vaccine against the mosquito-borne dengue virus, the most widespread tropical disease after malaria. Only a month after Fauci’s agency filed its first of 305 patent applications in November 2003, toward “development of mutations useful for attenuating dengue viruses and chimeric dengue viruses, the Gates

Foundation announced a $55 million grant to support the Pediatric Dengue Vaccine Initiative. In September 2006, Sanofi Pasteur entered a partnership with the Initiative. By July 2007, NIAID's prototype dengue vaccine candidate emerged out of preclinical trials with what Dr. Fauci called "a promising future." NIAID awarded "several industry sponsors in Europe and Brazil" nonexclusive licenses for its formulations. Early the following year, Dr. Fauci issued another of his hysterical pandemic warnings in a commentary for the American Medical Association's journal, "[A] disease most Americans have never heard of could soon become more prevalent if dengue, a flu like illness that can turn deadly, continues to expand into temperate climates and increase in severity." Efforts to control the transmitting mosquitoes had fallen short, Fauci said, and "widespread appearance of dengue in the continental United States is a real possibility." To fight the disease, "the formidable challenges of understanding dengue pathogenesis and of developing effective therapies and vaccines must be met." NIAID announced its dengue virus vaccine clinical trial in August 2010, at the Gates-funded Johns Hopkins Bloomberg School of Public Health in Baltimore and at the University of Vermont. Fauci said: "With increasing infection rates and disease severity around the world and the discovery of dengue in parts of Florida, finding a way to prevent dengue infection is an important priority." Gates's WHO fueled Dr. Fauci's feverish dengue furor, warning: "In 2012, dengue ranks as the most important mosquito-borne viral disease with an epidemic potential in the

world. There has been a 30-fold increase in the global incidence of dengue during the past 50 years, and its human and economic costs are staggering.” However, referring to the Gates/Fauci projects, WHO predicted progress on vaccines that induce “long-lasting protective immunity.” Dr. Ralph Baric, the gain-of-function guru, was the American darling of both NIAID and the Defense Advanced Research Project Agency (DARPA). His lab at UNC–Chapel Hill received $726,498 from the Gates Foundation for using recombinant dengue viruses to advance dengue vaccine development. Originating in February 2015, the three-year grant was scheduled to conclude early in 2018. In July 2014, Lance Gordon, the BMGF’s director for Neglected Infectious Diseases in its Global Health Program, released news that the Sanofi Pasteur experimental dengue vaccine that Gates and Dr. Fauci funded was showing positive clinical results. Amidst his sunny forecast, Gordon made an ominous allusion that would have sounded DEFCON 1 to anyone decoding its implication. NIAID’s clinical trials in Brazil, he acknowledged, showed signals of “pathogenic priming.” That foreboding phrase describes an enhanced immune response that can trigger system-wide inflammation and death when the vaccinated individual is reexposed to the wild virus. Infectious disease experts and health regulators had recognized the deadly potential of pathogenic priming since the 1980s, when one study showed that “more severe responses were found to be 15–80 times more likely in secondary dengue infections than in primary infections.” In 2004, an experimental

MERS vaccine had produced robust antibody response in children during an NIH trial and then catastrophic illness and death when researchers exposed the children to wild virus. Similarly in 2012 and 2014, a collaborative of Chinese and US researchers had developed coronavirus vaccines that produced antibodies in ferrets and cats, and then killed them when they encountered the actual wild coronavirus. But Gordon's admission didn't set off an alarm. The WHO, under Gates's firm control, was bent on accelerating development of the Gates/Fauci dengue project. Dr. Fauci was also undeterred. Omitting any mention of the danger signals, Dr. Fauci proclaimed in January 2016 that the project would proceed: "Researchers in NIAID's Laboratory of Infectious Diseases spent many years developing and testing dengue vaccine candidates designed to elicit antibodies against all four dengue virus serotypes." An article published in the American Ethnologist bore a curious title: "Chimeric globalism: Global health in the shadow of the dengue vaccine" (April 2015). The piece described the NIAID effort: "A laboratoryengineered, 'chimeric' dengue fever vaccine entered late-stage clinical trials in the late 2000s." The article asked readers to consider the implications when vaccine development is not entirely driven by a public health aspiration, but by "the divergent logics of pharmaceutical capital, humanitarianism, and biosecurity." The dengue venture didn't proceed smoothly for Sanofi Pasteur. With Gates Foundation support, the French pharma company spent twenty years and some $2 billion to develop Dengvaxia, testing the

vaccine in several large trials on over 30,000 children globally. When Dr. Scott Halstead, who studied dengue for more than fifty years with the US military, read the clinical safety data trial in the New England Journal of Medicine, he immediately knew something was very wrong. Some children who caught dengue after receiving the vaccination experienced dramatically worsened symptoms. For kids never before exposed to dengue, Dengvaxia also appeared to increase the lifelong risk of a deadly complication known as plasma leakage syndrome, which catapults a person into profound shock before killing them. Dr. Halstead was so worried that he raised alarm bells in six separate editorials for scientific journals. He even made a video warning the Philippine government, which was about to start a mass vaccination campaign. Gates, Dr. Fauci, and Sanofi ignored Halstead's frantic warnings. Sanofi responded by publishing a rebuttal to Dr. Halstead and promising more studies. Without waiting for the research, in April, 2016, Bill Gates's minions at WHO moved to recommend Dengvaxia for all children ages 9 to 16.126 Already the previous December, the Dengue Vaccine Initiative— supported by Gates Foundation funding— had announced that the Philippine government would soon become the second country (after Mexico) to approve Dengvaxia shots. A year and a half later, Sanofi announced that it had new information about the vaccine's safety. Confirming Dr. Halstead's fears, the company made the alarming admission that Dengvaxia did indeed increase the risk of hospitalization and cytoplasmic leakage

syndrome. By this time, health officials had already inoculated some 800,000 Filipino children. At least 600 had died. The WHO eventually changed its recommendation, saying that Dengvaxia was safe only for kids who'd had a prior dengue infection and admitting that 100,000 should not have received the shot. Following autopsies on 600 deceased children, the Philippine Public Attorney indicted fourteen Philippines government officials and six Sanofi executives for criminal homicide. Accustomed as he was to this sort of collateral damage in his war against the bugs, Dr. Fauci put a sunny face on the dead children, telling the Wall Street Journal in January 2018, "We do not think this is going to be a showstopper in any way or form." Although, he added, "clearly there's going to be not as smooth a trip." Operating on his consistent strategy that the best defense is a good offense, Dr. Fauci announced full speed ahead in Dengvaxia trials in Brazil—pathogenic priming be damned! He boasted that "NIAID's dengue vaccine candidate is in a late-stage clinical trial involving 17,000 participants in Brazil" and it had "induced an immune response in tests against all four dengue types." NIAID's vaccine "has been licensed to several companies, including Merck, which said it plans to start its own trial this year." In December 2018, Merck and the Instituto Butantan—the main producer of vaccines in Brazil—announced a collaboration agreement after licensing "certain rights from National Institute of Allergy and Infectious Diseases (NIAID)" to develop live attenuated tetravalent vaccines for dengue. The nonprofit Instituto

Butantan “will receive a $26 million upfront payment from Merck and is eligible to receive up to $75 million for the achievement of certain milestones related to the development and commercialization of Merck’s investigational vaccine as well as potential royalties on sales. . . . It acts in partnership with various universities and entities such as the Bill & Melinda Gates Foundation for the achievement of its institutional objectives.” In May 2019, the FDA approved Sanofi’s Dengvaxia vaccine for use in the United States, Puerto Rico, Guam, and the British Virgin Islands—with the caveat that doctors first have proof of a prior dengue infection to make sure the jab wouldn’t pose any risks to the child. The 600 Philippine children died as the result of “pathogenic priming,” or “antibody dependent enhancement.” Padron-Regalado et al. report on dozens of papers where SARS and MERS vaccines under development led to antibody dependent enhancement (ADE) in animal trials upon viral challenge. An inactivated SARS virus vaccine platform led to immunopathologies consistent with ADE in mice challenged with the virus. A vaccine candidate based on a SARS N-protein resulted in immunopathology with eosinophilic lung infiltrates in mice upon SARSCoV challenge. Vaccinia virus expressing the SARS S-protein showed strong inflammatory responses leading to hepatitis in the livers of vaccinated ferrets upon challenge with SARS-CoV. Vaccines based on soluble Sprotein alone elicited antibody dependent enhancement within in vitro studies involving human B-cells leading the authors to warrant concern regarding human vaccine

development. A chemically inactivated virus MERS vaccine led to lung pathology (eosinophilic infiltrates) with a virus challenge in mouse studies by Agrawal et al. A vaccine based on the transgenic spike protein of MERS when administered to mice led to pulmonary hemorrhage after a challenge with MERS-CoV virus. Conclusion: “The development of highly effective and safe vaccines for COVID-19 should consider aspects such as the possibility of ADE and other adverse effects previously observed with SARS and MERS. Even though these features have only been seen in some animal models and vaccination regimens, the possibility is still there to be considered for COVID-19.” In April 2020, soon after the COVID-19 pandemic began, vaccine tycoon and Merck spokesperson, Dr. Paul Offit, Director of the Vaccine Education Center at Philadelphia’s Children’s Hospital, warned about similar effects from a SARS-CoV-2 vaccine. “We saw that with the dengue vaccine,” Offit told an interviewer. “In children who’ve never been exposed to dengue before, [it] actually made them worse when they were then exposed to the natural virus. Much worse, causing something called dengue hemorrhagic shock syndrome. Children died, vaccinated children who were less than 9 years of age.” A warning about the tendency of coronavirus vaccines to induce pathogenic priming appeared in a 2009 article in Expert Review of Vaccines republished on NIH’s website in January 2014: “The greatest fear among vaccinologists is the creation of a vaccine that is not only ineffective, but which

exacerbates disease. Unfortunately, CoV vaccines have a history of enhancing disease, notably with feline CoVs.”